## THE ASSISTANT SECRETARY OF DEFENSE



WASHINGTON, D C 20301-1200

DEC 2 2 2004

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Coordination of Policy to Establish a Joint Theater Trauma Registry

Collection and aggregation of combat casualty care epidemiology, treatment and outcome is essential to understanding the challenges, successes and failures the military medical corps faces in providing effective and timely care for combat casualties. Scientifically valid analysis of aggregated data can provide important information for prevention and mitigation of wounds, effective and timely deployment of medical resources and rapid identification of needed improvements. It can also provide a foundation for training, planning and medical resourcing. An accurate medical record is essential for developing such a database. The absence of such impedes the effective delivery of care and makes adequate quality management of the process of medical care evacuation and logistics supply incomplete and inaccurate. Therefore, it is essential to establish a Joint Theater Trauma Registry (JTTR) to ensure documentation and archiving of combat casualty epidemiology, treatment, and outcome.

The first step in establishing a JTTR is for the Services to collaborate on and implement an effective custodial chain of medical records from Level 1 through Level 5 care. This particularly refers to adequate transfer of records from Level 2 to Level 3, and Level 3 to Level 4 facilities through the evacuation chain. This will at a minimum be the Theater Trauma Record, Narrative Summary, and all Operations Reports. These records are an essential part of any Service member's medical history, and will be integrated into the clinical data repository (CDR). Each service maintaining a trauma registry will work with the point of contact for the CDR to develop a plan for this integration.

Army, Navy/Marine, and Air Force medical personnel will collaborate on and implement a Theater Trauma Record. This document will provide uniform descriptions of the epidemiology, nature and severity of injuries, the time of and nature of care provided and patient outcome. The Army Trauma Record is attached as an example.

Army, Navy/Marine, Air Force and the Armed Forces Institute of Pathology will collaborate and implement a JTTR using data from the Theater Trauma Record no later than April 2005 Each Service should record and accurately enter its Theater Trauma Record data into a service/institution specific database, which will then be pooled as de-identified data at the USA Institute of Surgical Research for detailed analyses.

**HA POLICY: 04-031** 

Compatibility of service/ institution specific registries must be ensured. Based on the POM cycle we estimate that by Calendar Year 2008 this information will be captured in CHCS II and CHCS IIT (theater).

During times of active conflict, information reporting of de-identified data from the databases will be provided to the Assistant Secretary of Defense for Health Affairs and the Surgeons Generals of the Army, Navy, and Air Force on a monthly and year-todate aggregate quarterly basis.

My POC for this action is Salvatore Cirone, Program Director for Health Science Policy. He can be contacted at (703) 575-2670 or at Salvatore. Cirone@ha.osd.mil.

William Winkenwerder, Jr., MD

Attachment As stated

cc:

Surgeon General of the Army Surgeon General of the Navy Surgeon General of the Air Force Commander, USAMRMC

**HA POLICY: 04-031** 

Trauma Record  For use of this form, see DoD Memeo Subject :Trauma Record, dtd 1 APR 04; the proponent agency is OTSG											
AUTHORITY: AR 40-66 PURPOSE: To provide a standard means of documenting all trauma care at echelons 1-3 ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply. This is protected health information. HIPAA laws apply											
MTF DESIGNATION: Number TYPE	CASUALTY NAME: FIRST	CASUALTY SSN:									
Arrive Date-Time Group (DTG):				_	Gender Unit □ Male □ Female						
ARRIVAL METHOD:	Nation  □ US □ Host Nation □ Enemy( ) □ Coalition( )	Service  Civilian Combatant Contractor			USA SOF USN NGO( USMC Other USAF		)				
Wound DTG:  WOUNDED BY:  US/COALITION(Nation)	UNK by by large at the large with the large at the large with the large at the larg				DELAYED	RY:					
☐ ENEMY ☐ NonENEMY ☐ CIVILIAN (Nation) ☐ TRAINING ☐ SELF ACCIDENT	HELMET FLAK VEST				GLASCOW COMA SCALE (circle one 3 8 12 15						
☐ SELF NON-ACCIDENT☐ SPORTS-RECREATION	EYE PROTECTION				ÙNC STUPOR L	ETHARGY .	ALERT				
O OTHER:	OTHER:					TIME	-				
MECHANISM OF INJURY:  GSW/BULLET  BLAST	OGE G BURN (ther	mal, flas	sh)	0	HEAT	Pulse					
GSW/BULLET G BLAST BLUNT TRAUMA G CRASH(a/a	COLD BITE / STING	Temp									
☐ SINGLE FRAGMENT ☐ Chem/Rad		alation			OTHER	B/P					
MULTI FRAGMENT		Resp									
INJURY Description (Location, nature and s		SpO <sub>2</sub>	***								
	TX & PROCEDURES:										
disciple and the second	(() (人)				SEDATED						
					CHEM PARALYZED		:				
		P	· · · · /		INTUBATED						
R LR	L	L R			CRIC						
					NEEDLE DECOMP						
					Chest Tube	LR	air/blood				
					IO line						
	COLLOID	1.00000	ml n								
	CRYSTALLOID	LR/NS/HT	S								
					TOURNIQUET	Time on Time off					
\)\ )/(/					Collar / C-spine	Time on					
	Back board										
(MY ) (MY)	HEMOSTATIC DEVICE										
\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				OXYGEN	<u> </u>	iters/min.				
WI	RBC		Units								
					FFP		Units				
AM Amputation BL Bleeding D Defor	CRYO		Units								
AV Avulsion B Burn F Foreign Body L Laceration					Plts		Packs				
OR Start Vent On	CU in	110	•		Fresh Whole Bld		Units				
	Out				rFVIIa		mcg/kg				
PROVIDER: S	PECIALTY:				EXT Fix /splnt		Estromit				

Trauma Record DISCHARGE SUMMARY									
MEDICATIONS:	LABS:	XRAYS:		PMH:					
			,	Allergies:					
REGION	DIAGNOSIS, PROCED	URES and 24 hr Follo	w-up Red	commendations					
Face									
Head & Neck (incl C-spine)									
Chest (incl T-spine)			<u>-</u>						
Abdomen (incl L-spine)									
Pelvis									
UPPER /LOWER Extremities									
Skin									
DISPOSTION	□ EVAC to		Evacuat	tion Priority	*****				
		- Marie Company		- ROUTINE					
DTG:	□ RTD □ DECEASED (see belo	ow)		□ PRIORITY □ URGENT					
Damage Control F	Procedures? Y / N H	ypothermic (< 34°C)?	Y/N	Coagulopathy?	Y/N				
Cause of Death at									
ANATOMIC: □Airway □Head □Other	□ Neck □ Chest □.	Abdomen ⊡Pelvis [	∃ Extrem	ity (Upper/Lower)					
PHYSIOLOGIC:  ☐ Breathing ☐CN:	S □Hemorrhage □Tota	ıl Body Disruption ☐:	Sepsis (	□Multi-organ failure	)				
COMMENTS:	, su	RGEON:	(printe	edName)					